

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	600-69-CIP
	First Inventor	Yang-Dar YUAN
	Title	Compositions and Methods.
	Express Mail Label No.	EL960811031US

22387 U.S. PTO
10/656715

09/05/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		Mail Stop Patent Application Commissioner for Patents PO Box 1450, Arlington, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(unsigned)</i> <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other _____	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies.		
3. <input checked="" type="checkbox"/> Specification [Total Pages 82] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1] [Total Pages _____]			
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) <i>(unexecuted)</i> b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFT 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of application No. 10/389,071; 10/100,638

Prior application information: Examiner: unknown; Clinton Ostrup Group Art Unit: 1614; 1614

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label						or <input checked="" type="checkbox"/> Correspondence address below					
(Insert Customer No. or Attach bar code label here)											
Name	Gabor L. Szekeres										
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	Suite 112										
City	Anaheim Hills			State	California			Zip Code	92808		
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Name (Print/Type)	Gabor L. Szekeres				Registration No. (Attorney/Agent)	28,675					
Signature	Gabor L. Szekeres						Date	September 5, 2003			

09/05/03
16065 U.S. PTO

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 1,002.00

Complete if Known

Application Number	Unknown
Filing Date	September 5, 2003
First Named Inventor	Yans-Dar YUAN
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	600-69-PA

METHOD OF PAYMENT

1 ☐ Check ☐ Credit card ☐ Money Order ☒ Other ☐ None

Deposit
Account
Number

01-0885

Deposit
Account
Name

ALLERGAN, INC

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment

☒ Charge Any Additional Fee Required

☐ Applicant claims small entity status.
See 37 CFR 1.27

2 ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1 BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					750.00

2 EXTRA CLAIM FEES

	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Extra Claims	Fee from below	Fee Paid
Total Claims	34	-20** =	14	X	18.00 =		252.00
Independent Claims	3	-3** =	0	X			
Multiple Dependent Claims							

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater.
For Reissues, see above

SUBTOTAL (2) (\$) 252.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge-late-filing fee or oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petition to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times # of properties)	40.00
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	201	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** 40.00

SUBMITTED BY

Name (Print/Type) **Carlos Fisher**

Registration No. (Attorney/Agent)

36,510

Complete (if applicable)

Telephone

714-246-4669

Signature

Date

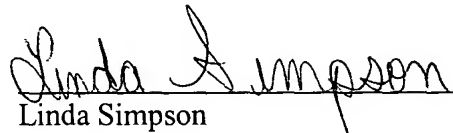
**CERTIFICATE OF EXPRESS MAILING
FILING UNDER 37 CFR 1.53(b) AND 1.78(a)**

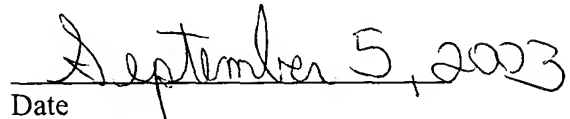
Certificate of Express Mailing

EL960811031US

I hereby certify that this correspondence is being deposited on September 5, 2003 with the United States Postal Service via Express Mail (Label No. EL960811031US), "Post Office to Addressee", mailed to:

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Linda Simpson


Date